## STATE OF DELAWARE **DEPARTMENT OF FINANCE**

Application for Senior School Property Tax Credit

## **Qualifying Information -- TO BE COMPLETED BY EACH APPLICANT**

Name: (Last)	(First)	(MI)	Birth Date: (Must be 6	
. (2000)	(1 1100)	(1122)		or to quality)
Address of Property:			Phone:	
			<u>SS#</u> :	
1. Is this property your princip	oal residence?	Yes	No (If no, you	do not qualify)
2. Are you the sole owner of t	he above property	y? Yes	No	
3. If you answered "No" on li	ne 2:			Spouse over
(A) Name of co-owner(s):				— 65 puts — personal
<ul><li>(B) Address(es):</li><li>(C) Relationship:</li></ul>				information in this part of
(c)	Birth Date:	://_	SS#:	the form
(D) Percent share of your or (carry to 4 decimal place	1 1 1	erty:		_
<b>Credit Calculation TO</b>	BE COMPLE	ETED BY C	OUNTY	
4 F 4 4 4 61 1	1 1	. 1		
4. Enter the amount of local so for the current year. (Do no		-	xes): \$	
5. Multiply line 4 by the tax re	eduction percenta	ge:	\$	
6. Enter maximum credit amo	ount:		\$	
7. Enter the smaller of lines 5 or 6:			\$	
8. If the answer to question 2 figure shown on line 3 (D).	· · · · · · · · · · · · · · · · · · ·			_
9. Multiply line 7 by line 8 (cr	redit amount):		\$	
Lot / Parcel Number:		Sc	hool District:	
Under penalties of perjury, I Information'' section above a				'Qualifying
Applicant's Signature:			Date	//